

AFFIDAVIT OF ASSISTED VOTER

STATE OF ILLINOIS)
)
COUNTY OF _____) SS.

I, _____, do solemnly swear that I am a citizen of the United States, that I now reside in _____ Precinct No. _____, Ward _____, County of _____ and State of Illinois; that I am a duly qualified voter in said precinct and that ---

(Mark an "X" in the proper square.)

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1. I cannot read or write the English language.

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2. I am physically disabled and/or blind.

NOTE: (A VOTER WHO PRESENTS AN ILLINOIS DISABLED PERSON IDENTIFICATION CARD, ISSUED TO THAT PERSON UNDER THE PROVISIONS OF THE ILLINOIS IDENTIFICATION CARD ACT, INDICATING THAT SUCH VOTER HAS A CLASS 1A OR CLASS 2 DISABILITY UNDER THE PROVISIONS OF SECTION 4A OF THE ILLINOIS IDENTIFICATION CARD ACT OR A VOTER WHO REQUIRES ASSISTANCE TO VOTE BY REASON OF BLINDNESS, DISABILITY, OR INABILITY TO READ OR WRITE MAY BE GIVEN ASSISTANCE BY A PERSON OF THE VOTER'S CHOICE, OTHER THAN THE VOTER'S EMPLOYER OR AGENT OF THAT EMPLOYER OR OFFICER OR AGENT OF THE VOTER'S UNION. IF NO SPECIFIC PERSON IS NAMED BY THE VOTER, THE VOTER IS ASSISTED BY 2 JUDGES, ONE FROM EACH POLITICAL PARTY.)

My physical disability is _____
(State specific physical disability)

I hereby request that I be assisted in voting by

(Name(s) of person(s) assisting voter)

Mark of Person Unable
to Sign Name
MARK _____

(Name or signature of person requesting assistance)

Signed and sworn to (or affirmed) by _____ before me,
on _____.
(insert month, day, year)

Officer Administering Oath or Affirmation _____

(AFFIDAVIT OF PERSON(S) ASSISTING VOTER -- See next page)

TO THE PERSON PROVIDING ASSISTANCE TO VOTERS

YOU HAVE BEEN SELECTED BY A VOTER TO PROVIDE VOTING ASSISTANCE. UNDER ILLINOIS LAW, **ONLY** VOTERS WHO ARE BLIND, PHYSICALLY DISABLED OR UNABLE TO READ OR WRITE THE ENGLISH LANGUAGE MAY BE ASSISTED BY A RELATIVE OR FRIEND. INDIVIDUALS WHO CANNOT ASSIST VOTERS INCLUDE THE VOTER'S EMPLOYER OR AGENT OF THAT EMPLOYER OR OFFICER OR AGENT OF THE VOTER'S UNION.

YOU MUST MARK THE BALLOT AS DIRECTED BY THE VOTER. INDIVIDUALS WHO MAKE ANY ATTEMPT TO INFLUENCE THE VOTER'S CHOICE OF CANDIDATES, PARTY OR VOTES IN RELATION TO A PUBLIC QUESTION, OR TO MARK THE BALLOT OTHER THAN AS DIRECTED BY THE VOTER MAY BE GUILTY OF A CLASS 3 FELONY. IF YOU CANNOT TELL THE VOTER'S INTENT, YOU MUST NOT MARK THE BALLOT IN ANY WAY. YOU MAY NOT SUBSEQUENTLY DIVULGE THE CANDIDATE(S) OR PUBLIC QUESTIONS FOR WHOM THE VOTER INSTRUCTED YOU TO CAST BALLOTS.

OATH OF ASSISTANCE

I state that I am/we are qualified and gave assistance to _____ whose sworn statement appears on the reverse side. I further state that I did not attempt to influence the voter's choice of candidates, party or votes in relation to any public question and have cast the ballot as directed by the voter. Under the penalties prescribed in Article 29 of the Election Code, the undersigned certifies that the statements set forth in this certification are true and correct.

Signature of Individual Rendering Assistance

OR _____
Signature of Democratic Judge

Signature of Republican Judge

Election Judge Administering Oath